

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/554655

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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11						
12						
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14						
15						
16						
17						
18	1		1			
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33	1		—			
34	1		—			
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48						
49						
50						
TOTAL IND.			2	2		
TOTAL DEP.		2	2	2	2	
TOTAL CLAIMS		32	32			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			2	2		
TOTAL DEP.		2	2	2	2	
TOTAL CLAIMS		32	32			